



Riverhead Police Athletic League

ATTN: PAL, 210 Howell Avenue, Riverhead, NY 11901

Juvenile Aid Bureau - 631-727-3200 x273

David J. Hegermiller - Chief of Police

2012 Cheerleader Registration

Please PRINT CLEARLY and submit along with Code of Conduct Form, attach check payment payable to Riverhead PAL and send to above address.

Child's DOB: _____

CHILD'S NAME

Child must be 7 years of age, but not 13 by Nov. 15, 2012

STREET ADDRESS

TOWN, CITY, ZIP

Please indicate 2011 Coach Name

PARENT NAME

Interested in Coaching? Yes [] No []

HOME PHONE

CELL PHONE

EMAIL – Must include. Please PRINT clearly.

EMERGENCY CONTACT NAME / RELATIONSHIP

CELL PHONE

Fee 7-12 Year Olds

\$60 Town Resident

\$70 Non Town Resident

T-Shirt:

Youth Size: ___S ___M ___L

Adult Size: ___S ___M ___L ___XL

SHELL - Youth Size: or SHELL – Adult Size:

☐small ☐med

☐small ☐med

☐large ☐x-large

☐large ☐x-large

Boy Short / Lollie:

Youth Size: ___S ___M ___L

Adult Size: ___S ___M ___L ___XL

SKIRT – Youth Size: or SKIRT – Adult Size:

☐small ☐med

☐small ☐med

☐large ☐x-large

☐large ☐x-large

Sock Size: Youth- S [] M [] L []

or Adult- S [] M [] L []

I, the parent/guardian of the above named child, hereby give my consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I, the parent/guardian of the above named candidate for a position on a league team hereby give my approval to his/her participation in all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Riverhead Police Athletic League, associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter, except to the extent and in the amount covered by an accident or liability insurance.

I agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter is in as good condition as when received, except for normal wear and tear, or pay the equivalent to cost.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

PAL Office Use Only: Name: _____ Date: _____ # _____ \$ _____

Name & Grade of additional children registering: _____, _____, _____

PLEASE COMPLETE REVERSE SIDE